

ORDER FOR SUPPLIES OR SERVICES (Contractor must submit four copies of invoice.)						Form Approved OMB No. 0704-0187 Expires Jun 30, 1997		PAGE 1 OF 5					
Public reporting burden for this collection of information is estimated to average 1 hour per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to Department of Defense, Washington Headquarters Services, Directorate for Information Operations and Reports, 1215 Jefferson Davis Highway, Suite 1204, Arlington, VA 22202-4302, and to the Office of Management and Budget, Paperwork Reduction Project (0704-0187), Washington, DC 20503.													
PLEASE DO NOT RETURN YOUR FORM TO EITHER OF THESE ADDRESSES. SEND YOUR COMPLETED FORM TO THE PROCUREMENT OFFICIAL IDENTIFIED IN ITEM 6.													
1. CONTRACT/PURCH ORDER NO. F42600-02-G-0003			2. DELIVERY ORDER NO. UB2H		3. DATE OF ORDER (YYMMDD) 2003 MAY 23		4. REQUISITION/PURCH REQUEST NO. See Schedule		5. PRIORITY DOA7				
6. ISSUED BY CODE SP0900 Defense Supply Center Columbus 3990 E.Broad St. P.O. Box 16704 Columbus,OH 43216-5010 Local Administrator: PCCACBA (614)692-7500 / FAX: (614)692-6929 E-mail: Brian_Kennedy@dsccl.dla.mil				7. ADMINISTERED BY (If other than 6) CODE S0302A DCMA PHOENIX TWO RENAISSANCE SQUARE 40 N. CENTRAL AVE., SUITE 400 PHOENIX AZ 85004-4400 CRITICALITY: C				8. DELIVERY FOB <input type="checkbox"/> DEST <input checked="" type="checkbox"/> OTHER (See Schedule if other)					
9. CONTRACTOR CODE 07187 HONEYWELL INTL INC. DEFENSE AVIONICS SYSTEMS DIV 9201 SAN MATEO BLVD ALBUQUERQUE NM 87113-2220				FACILITY CODE		10. DELIVER TO FOB POINT BY (Date) (YYMMDD) 255 DAYS ADO		11. MARK IF BUSINESS IS <input type="checkbox"/> SMALL <input type="checkbox"/> SMALL DISADVANTAGED <input type="checkbox"/> WOMEN-OWNED					
NAME AND ADDRESS				12. DISCOUNT TERMS NET 30 days		13. MAIL INVOICES TO See Block 15							
14. SHIP TO CODE See Schedule - Do Not Ship to Address in Block 6				15. PAYMENT WILL BE MADE BY CODE HQ0339 HQ0339 DFAS COLUMBUS CENTER WEST ENTITLEMENT OPERATIONS P O BOX 182381 COLUMBUS OH 43218-2381 EFT: T				MARK ALL PACKAGES AND PAPERS WITH CONTRACT OR ORDER NUMBER					
16. TYPE OF ORDER		DELIVERY <input checked="" type="checkbox"/>		This delivery order is issued on another Government agency or in accordance with and subject to terms and conditions of above numbered contract.									
		PURCHASE		Reference your offer dated 2003 APR 25, 35222-1-A and furnish the following on terms specified herein.									
ACCEPTANCE. THE CONTRACTOR HEREBY ACCEPTS THE OFFER REPRESENTED BY THE NUMBERED PURCHASE ORDER AS IT MAY PREVIOUSLY HAVE BEEN OR IS NOW MODIFIED, SUBJECT TO ALL OF THE TERMS AND CONDITIONS SET FORTH, AND AGREES TO PERFORM THE SAME.													
NAME OF CONTRACTOR _____ SIGNATURE _____ TYPED NAME AND TITLE _____ DATE SIGNED (YYMMDD) _____ <input type="checkbox"/> If this box is marked, supplier must sign Acceptance and return the following number of copies:													
17. ACCOUNTING AND APPROPRIATION DATA/LOCAL USE EG: 97X4930 5CE0 001 26.0 S33150													
18. ITEM NO.		19. SCHEDULE OF SUPPLIES/SERVICE				20. QUANTITY ORDERED/ACCEPTED*		21. UNIT		22. UNIT PRICE		23. AMOUNT	
		Remarks: ACCELERATED DELIVERY IS ACCEPTABLE AND DESIRED AT NO COST TO THE GOVERNMENT.				TOTAL: 15							
* If quantity accepted by the Government is same as quantity ordered, indicate by X. If different, enter actual quantity accepted below quantity ordered and encircle.				24. UNITED STATES OF AMERICA Valerie Jones PCCACDZ BY: <i>Valerie J. Jones</i>				25. TOTAL \$ 14595.00		29. DIFFERENCE			
26. QUANTITY IN COLUMN 20 HAS BEEN <input type="checkbox"/> INSPECTED <input type="checkbox"/> RECEIVED <input type="checkbox"/> ACCEPTED, AND CONFORMS TO THE CONTRACT EXCEPT AS NOTED DATE _____ SIGNATURE OF AUTHORIZED GOVERNMENT REPRESENTATIVE _____				30. INITIALS		31. PAYMENT <input type="checkbox"/> COMPLETE <input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL		32. PAID BY		33. AMOUNT VERIFIED CORRECT FOR			
36. I certify this account is correct and proper for payment. DATE _____ SIGNATURE AND TITLE OF CERTIFYING OFFICER _____				34. CHECK NUMBER		35. BILL OF LADING NO.							
37. RECEIVED AT		38. RECEIVED BY (Print)		39. DATE RECEIVED (YYMMDD)		40. TOTAL CONTAINERS		41. S/R ACCOUNT NUMBER		42. S/R VOUCHER NO.			

CONTINUATION SHEET	Order Number: F42600-02-G-0003-UB2H	PAGE 2	OF PAGES 5
<p>FOB & INSPECTION/ACCEPTANCE AT CONTRACTOR'S PLANT, ALBUQUERQUE, NM 87113; QUANTITY VARIANCE: INCREASE 0%, DECREASE 0%; ALL OTHER TERMS AND CONDITIONS REMAIN THE SAME AS THE BASIC ORDER AGREEMENT.</p>			

CONTINUATION SHEET

Order Number:

F42600-02-G-0003-UB2H

PAGE OF PAGES

3

5

SECTION B

PR FPE03093000151
NSN 5998-01-219-5151

ITEM DESCRIPTION:

CIRCUIT CARD ASSEMB

CRITICAL APPLICATION ITEM

HONEYWELL INTL INC. (07187) P/N 4017275-906

<u>ITEM</u>	<u>PR</u>	<u>PRLI</u>	<u>QUANTITY</u>	<u>UNIT</u>	<u>UNIT PRICE</u>	<u>AMOUNT</u>
0001	FPE03093000151	0001	5	EA	\$973.00000	\$4865.00

QTY VARIANCE: PLUS 0% MINUS 0%
INSPECTION POINT: ORIGIN
ACCEPTANCE POINT: ORIGIN

PREP FOR DELIVERY

PKGING DATA - MIL-STD-2073-1D, 15 DEC 1999

QUP = 001: PRES MTHD = GX: CLNG/DRY = 1: PRESV MAT = 00:
WRAP MAT = XX: CUSH/DUNN MAT = XX: CUSH/DUNN THKNESS = X:
UNIT CONT = D3: OPI = M:
INTRMDTE CONT = DO: INTRMDTE CONT QTY = AAA:
PACK CODE = U:

MARKING SHALL BE IN ACCORDANCE WITH MIL-STD-129.

SPECIAL MARKING CODE: 39 - MIL-STD-129 ESD SENS ELEC DEV RQMT APPLY

SUPPLEMENTAL INSTRUCTIONS

DRAWING INDICATES ITEM IS CLASSIFIED AS AN
ELECTROSTATIC/ELECTROMAGNETIC SENSITIVE DEVICE.

>>PRECAUTIONARY PACKAGING, HANDLING, AND
PROCESSING PROCEDURES SHALL BE USED TO PREVENT
DAMAGE FROM ELECTROSTATIC/ELECTROMAGNETIC AND
OTHER ENVIRONMENTAL FIELD FORCES.<<

ALL ITEMS AND PACKAGES SHALL BE HANDLED AND
OPENED AT AN APPROVED ESD WORKSTATION -OR- FIELD
SERVICE KIT. FOR FURTHER INFORMATION, CONSULT
MIL-HDBK-773.

DOD BAR CODE MARKING REQUIRED IN ACCORDANCE WITH
MIL-STD-129 (LATEST REVISION) MARKING AND BAR
CODING IN ACCORDANCE WITH AIM BC1.

DELIVER FOB: ORIGIN BY: 2004 FEB 02

CONTINUED ON NEXT PAGE

SECTION B

PARCEL POST ADDRESS:

SW3211
DEF DISTRIBUTION DEPOT OKLAHOMA
CEN REC 3301 F AVE BLDG 506 DR 22
TINKER AFB OK 73145-8000

FREIGHT SHIPPING ADDRESS:

SW3211
DEF DISTRIBUTION DEPOT OKLAHOMA
CENTRAL REC 3301 F AVE BLDG 506
TINKER AFB OK 73145-8000

NON-MILSTRIP
PROJ

* * * * *

<u>ITEM</u>	<u>PR</u>	<u>PRLI</u>	<u>QUANTITY</u>	<u>UNIT</u>	<u>UNIT PRICE</u>	<u>AMOUNT</u>
0002	FPE03104000100	0001	10	EA	\$973.00000	\$9730.00
QTY VARIANCE: PLUS 0% MINUS 0%						
INSPECTION POINT: ORIGIN						
ACCEPTANCE POINT: ORIGIN						

PREP FOR DELIVERY

PKGING DATA - MIL-STD-2073-1D, 15 DEC 1999
QUP = 001: PRES MTHD = GX: CLNG/DRY = 1: PRESV MAT = 00:
WRAP MAT = XX: CUSH/DUNN MAT = XX: CUSH/DUNN THKNESS = X:
UNIT CONT = D3: OPI = M:
INTRMDTE CONT = DO: INTRMDTE CONT QTY = AAA:
PACK CODE = U:
MARKING SHALL BE IN ACCORDANCE WITH MIL-STD-129.
SPECIAL MARKING CODE: 39 - MIL-STD-129 ESD SENS ELEC DEV RQMT APPLY
SUPPLEMENTAL INSTRUCTIONS

DRAWING INDICATES ITEM IS CLASSIFIED AS AN
ELECTROSTATIC/ELECTROMAGNETIC SENSITIVE DEVICE.
>>PRECAUTIONARY PACKAGING, HANDLING, AND
PROCESSING PROCEDURES SHALL BE USED TO PREVENT
DAMAGE FROM ELECTROSTATIC/ELECTROMAGNETIC AND
OTHER ENVIRONMENTAL FIELD FORCES.<<

ALL ITEMS AND PACKAGES SHALL BE HANDLED AND

CONTINUED ON NEXT PAGE

SECTION B

OPENED AT AN APPROVED ESD WORKSTATION -OR- FIELD
SERVICE KIT. FOR FURTHER INFORMATION, CONSULT
MIL-HDBK-773.

DOD BAR CODE MARKING REQUIRED IN ACCORDANCE WITH
MIL-STD-129 (LATEST REVISION) MARKING AND BAR
CODING IN ACCORDANCE WITH AIM BC1.

DELIVER FOB: ORIGIN BY: 2004 FEB 02

PARCEL POST ADDRESS:

SW3211
DEF DISTRIBUTION DEPOT OKLAHOMA
CEN REC 3301 F AVE BLDG 506 DR 22
TINKER AFB OK 73145-8000

FREIGHT SHIPPING ADDRESS:

SW3211
DEF DISTRIBUTION DEPOT OKLAHOMA
CENTRAL REC 3301 F AVE BLDG 506
TINKER AFB OK 73145-8000

NON-MILSTRIP
PROJ

* * * * *

REMIT PAYMENT TO:

* * * * *